CHECK ONE:	DR-1 OF
This is an initial* Statement of Organization	
This is an amended* Statement of Organization	CAMPAIGH DISCLUSION (Rev. 06/97) ORGANIZATION For Office Use Only
An initial Statement of Organization should be filed within 10 days	s of the conflictness accepting
	Comm #
within 30 days of a change. Penalties may be imposed for late-filed	d Statements of Organization AM 10: 45 Indexed
	Computer
COMMITTEE NAME (Required by law)	
COMMITTEE NAME (Required by law)	11 0 10
Audubon County Repa	blican Central Comm.
, ,	
IMPORTANT: Indicate type of committee you are reporting for:	.2
(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State I Committee (7) County/City Central Committee (8) Support state (Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise
Committee (a)Support size (or candidates (sist candidates under purpose of continities)
COMMITTEE TREASURER (This address used for all reminded	rs COMMITTEE CHAIR (List additional officers on separate page)
(Required by law) and correspondence) Name	T Nome
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Name (1) 0 // 5 - 1 /.
nevin J Hinners	Ronald Aller Siedelmann
Mailing Address	Mailing Address
EXIKA 44. 50076	207 Tracy St. HAT 9
City, State Zip Code	City, State Zip Code
<u> </u>	Hudubon Fa. 50025
Home Phone (712) 764 - 6536	
Home Phone (272) 76 72 6 0 3 6	Home Phone (7/2) 250 -086/
Day Phone (712) 249 - 4268	Day Phone () Same
•	······································
INDICATE PURPOSE OF COMMITTEE - Check One Box	To support or oppose candidate(s). \[\support or oppose hallot issue(s)
INDICATE PURPOSE OF COMMITTEE - Check One Box Comment or description:	To support or oppose candidate(s)
Comment or description: All Candidates Enter:	
Comment or description: All Candidates Enter: Office Sought:	To support or oppose candidate(s) To support or oppose ballot issue(s)
Comment or description: All Candidates Enter: Office Sought: Political Party (if applicable)	District:
Comment or description: All Candidates Enter: Office Sought:	District: Year Standing for Election:
Comment or description: All Candidates Enter: Office Sought: Political Party (if applicable) County/Local Candidates and Local Ballot/Franchise Committee County:	District: Year Standing for Election: Date of Election:
Comment or description: All Candidates Enter: Office Sought: Political Party (if applicable) County/Local Candidates and Local Ballot/Franchise Committee County:	District: Year Standing for Election: es Enter: Date of Election: Candidate Name & Address or Parent Entity (PACs, if applicable).
Comment or description: All Candidates Enter: Office Sought: Political Party (if applicable) County/Local Candidates and Local Ballot/Franchise Committee County:	District: Year Standing for Election: es Enter: Date of Election: Candidate Name & Address or Parent Entity (PACs, if applicable).
Comment or description: All Candidates Enter: Office Sought: Political Party (if applicable) County/Local Candidates and Local Ballot/Franchise Committee County: Bank Account Name Audubon County Republican Central Comm.	District: Year Standing for Election: Date of Election: Candidate Name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor
Comment or description: All Candidates Enter: Office Sought: Political Party (if applicable) County/Local Candidates and Local Ballot/Franchise Committee County: Bank Account Name Audubon County Republican Central Comm.	District: Year Standing for Election: es Enter: Date of Election: Candidate Name & Address or Parent Entity (PACs, if applicable).
Comment or description: All Candidates Enter: Office Sought: Political Party (if applicable) County/Local Candidates and Local Ballot/Franchise Committee County: Bank Account Name Audubon County Republican Central Comm. Name of Financial Institution/Type of Account Audubon State Bonk Checking	District: Year Standing for Election: Date of Election: Candidate Name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor
Comment or description: All Candidates Enter: Office Sought: Political Party (if applicable) County/Local Candidates and Local Ballot/Franchise Committee County: Bank Account Name Audubon County Republican Central Comm. Name of Financial Institution/Type of Account Audubon State Bonk Checking	District: Year Standing for Election: Date of Election: Candidate Name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor
Comment or description: All Candidates Enter: Office Sought: Political Party (if applicable) County/Local Candidates and Local Ballot/Franchise Committee County: Bank Account Name Audubon County Republican Central Comm. Name of Financial Institution/Type of Account Audubon State Bonk Checking	District: Year Standing for Election: Date of Election: Candidate Name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor Mailing Address Mailing Address
Comment or description: All Candidates Enter: Office Sought: Political Party (if applicable) County/Local Candidates and Local Ballot/Franchise Committee County: Bank Account Name Audubon County Republican Central Comm. Name of Financial Institution/Type of Account Audubon State Bonk Checking Mailing Address 3 15 Brace Dway St. POBg/49	District: Year Standing for Election: Date of Election: Candidate Name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor Mailing Address Mailing Address
Comment or description: All Candidates Enter: Office Sought: Political Party (if applicable) County/Local Candidates and Local Ballot/Franchise Committee County: Bank Account Name Audubon County Republican Central Comm. Name of Financial Institution/Type of Account Audubon State Bonk Checking Mailing Address 3 15 Brace Dway St. POBg/49	District: Year Standing for Election: Date of Election: Candidate Name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor Mailing Address City
Comment or description: All Candidates Enter: Office Sought: Political Party (if applicable) County/Local Candidates and Local Ballot/Franchise Committee County: Bank Account Name Audu bon County Republican Central Comm. Name of Financial Institution/Type of Account Audubon State Bonk Checking Mailing Address 3/5 Brackway St. POBa/49 City Land State Land State Land City State Land County State	District: Year Standing for Election: Date of Election: Candidate Name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor Mailing Address
Comment or description: All Candidates Enter: Office Sought: Political Party (if applicable) County/Local Candidates and Local Ballot/Franchise Committee County: Bank Account Name Audubon County Republican Central Comm. Name of Financial Institution/Type of Account Audubon State Bonk Checking Mailing Address 3/5 Brandary St. Poby/49 City J State J Zip J J DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION	District: Year Standing for Election: Date of Election: Candidate Name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor Mailing Address
Comment or description: All Candidates Enter: Office Sought: Political Party (if applicable) County/Local Candidates and Local Ballot/Franchise Committee County: Bank Account Name Audubon Central Comm. Name of Financial Institution/Type of Account Audubon Audubon Tette Bank Checking Mailing Address City State Following Scols-0/49 DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTI Indicate disposition of funds by marking appropriate number in box:	District: Year Standing for Election: Date of Election: Candidate Name & Address or Parent Entity (PACs. if applicable). Affiliate, or Sponsor Mailing Address City State Tip Home Phone () Day Phone () (Statement of intent required by law for all committees, except state parties and central committees.)
Comment or description: All Candidates Enter: Office Sought: Political Party (if applicable) County/Local Candidates and Local Ballot/Franchise Committee County: Bank Account Name Audu bon Central Comm. Name of Financial Institution/Type of Account Audubon Teste Bonk Checking Mailing Address 3/5 Brace Day St. Poby/49 City	District: Year Standing for Election: Date of Election: Candidate Name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor Mailing Address City
Comment or description: All Candidates Enter: Office Sought: Political Party (if applicable) County/Local Candidates and Local Ballot/Franchise Committee County: Bank Account Name Audubon County Republican Central Comm. Name of Financial Institution/Type of Account Audubon State Bonk Checking Mailing Address Total State I Zip I I Published Fac. Sco25-0149 DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION Indicate disposition of funds by marking appropriate number in box: (1) DONATED TO COUNTY CENTRAL COMMIT (2) DONATED TO LOCAL/STATE/NATL POLITICAL PARTY	District: Year Standing for Election: Date of Election: Candidate Name & Address or Parent Entity (PACs, if applicable). Affiliate, or Sponsor Mailing Address City State Tele (6) PRORATED REFUND TO CONTRIBUTORS (underline one) (7) TRANSFER TO ANOTHER COMMITTEE OF THIS SAME CANDIDATE
Comment or description: All Candidates Enter: Office Sought: Political Party (if applicable) County/Local Candidates and Local Ballot/Franchise Committee County: Bank Account Name Audubon County Republican Central Comm. Name of Financial Institution/Type of Account Audubon State Bonk Checking Mailing Address 3/5 Brackway St. Pobo/49 City	District: Year Standing for Election: Date of Election: Candidate Name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor Mailing Address City
Comment or description: All Candidates Enter: Office Sought: Political Party (if applicable) County/Local Candidates and Local Ballot/Franchise Committee County: Bank Account Name Audubon County Republican Central Comm. Name of Financial Institution/Type of Account Audubon State Bonk Checking Mailing Address 3/5 Breadway St. POBO/99 City	District: Year Standing for Election: Date of Election: Candidate Name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor Mailing Address City
Comment or description: All Candidates Enter: Office Sought: Political Party (if applicable) County/Local Candidates and Local Ballot/Franchise Committee County: Bank Account Name Audu bon Central Comm. Name of Financial Institution/Type of Account Audubon State Bonk Checking Mailing Address State State State City State State State CISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION Indicate disposition of funds by marking appropriate number in box: (1) DONATED TO COUNTY CENTRAL COMMIT (2) DONATED TO LOCAL/STATE/NATL POLITICAL PARTY (3) DONATED TO CHARITABLE ORGANIZATION (specify) (4) CITY/COUNTY/SCHOOL/STATE OF IOWA GENERAL FUND (underline one	District: Year Standing for Election: Date of Election: Candidate Name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor Mailing Address City
Comment or description: All Candidates Enter: Office Sought: Political Party (if applicable) County/Local Candidates and Local Ballot/Franchise Committee County: Bank Account Name Audubon County Republican Lentral Comm. Name of Financial Institution/Type of Account Audubon State Bonk Checking Mailing Address IS Braceduray St. POBO/199 City State State State Sip Special State OISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION Indicate disposition of funds by marking appropriate number in box: (1) DONATED TO COUNTY CENTRAL COMMIT (2) DONATED TO LOCAL/STATE/NATL POLITICAL PARTY (3) DONATED TO CHARITABLE ORGANIZATION (specify) (4) CITY/COUNTY/SCHOOL/STATE OF IOWA GENERAL FUND (underline one county) (5) PARTISAN CONGRESSIONAL DISTRICT FUND	District: Year Standing for Election: Date of Election: Candidate Name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor Mailing Address City
Comment or description: All Candidates Enter: Office Sought: Political Party (if applicable) County/Local Candidates and Local Ballot/Franchise Committee County: Bank Account Name Lentral Comm. Name of Financial Institution/Type of Account Audubon State Bonk Checking Mailing Address 3/5 Broadway St. Pobo/49 City Let State Let Zip Let DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTI Indicate disposition of funds by marking appropriate number in box: (1) DONATED TO COUNTY CENTRAL COMMIT (2) DONATED TO LOCAL/STATE/NATL POLITICAL PARTY (3) DONATED TO CHARITABLE ORGANIZATION (5) PARTISAN CONGRESSIONAL DISTRICT FUND STATEMENT OF AFFIRMATION BY TREASURER AND CANDIDA Lam aware that Lam required to file disclosure reports if the committee recent	District: Year Standing for Election: Date of Election: Candidate Name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor Mailing Address Mailing Address City State City State City Tele (6) PRORATED REFUND TO CONTRIBUTORS (Underline one) (7) TRANSFER TO ANOTHER COMMITTEE OF THIS SAME CANDIDATE (CANDIDATES ONLY) (8) RETURN TO PARENT ENTITY GENERAL FUND (PACs ONLY) (9) OTHER (PACs ONLY), PLEASE BE SPECIFIC
Comment or description: All Candidates Enter: Office Sought: Political Party (if applicable) County/Local Candidates and Local Ballot/Franchise Committee County: Bank Account Name Lentral Comm. Name of Financial Institution/Type of Account Audubon State Bonk Checking Mailing Address JS Brace Quay St. POBO/99 City \$\frac{1}{2}\$ State \$\frac{1}{2}\$ Zip \$\frac{1}{2}\$ \$	District: Year Standing for Election: Date of Election: Candidate Name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor Mailing Address Mailing Address City
Comment or description: All Candidates Enter: Office Sought: Political Party (if applicable) County/Local Candidates and Local Ballot/Franchise Committe County: Bank Account Name Audubon County Republican Central Comm. Name of Financial Institution/Type of Account Audubon State Bonk Checking Mailing Address 3 /5 Brackway St. Poly / 9 City State I Zip I I Full Donated To County State County Indicate disposition of funds by marking appropriate number in box: (1) DONATED TO COUNTY CENTRAL COMMIT (2) DONATED TO LOCAL/STATE/NAT'L POLITICAL PARTY (3) DONATED TO CHARITABLE ORGANIZATION (specify) (4) CITY/COUNTY/SCHOOL/STATE OF IOWA GENERAL FUND (undarline one a calendar year for the purpose of supporting or of position and red in the purpose of supporting or of position and red the treasurer in the surpose for the purpose of supporting or of position and red the treasurer in the surpose of the purpose of supporting or of position and the treasurer in the surpose of the supporting or of the analysis and that although the treasurer in the surpose of supporting or of the analysis and that although the treasurer in the surpose of supporting or of the analysis and that although the treasurer in the surpose of supporting or of the analysis and that although the treasurer in the surpose of supporting or of the analysis and that although the treasurer in the surpose of supporting or of the analysis and that although the treasurer in the surpose of supporting or of the analysis and that although the treasurer in the surpose of supporting or of the surpose of supporting or of the surpose of supporting or of the analysis and that although the treasurer in the surpose of supporting or of the surp	District: Year Standing for Election: Date of Election: Candidate Name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor Mailing Address Mailing Address City
Comment or description: All Candidates Enter: Office Sought: Political Party (if applicable) County/Local Candidates and Local Ballot/Franchise Committee County: Bank Account Name Central Comm. Name of Financial Institution/Type of Account Audubon State Bonk Checking Mailing Address SIS Brackway St. Policy 149 City State State Tip The County State County City State County County Central Committee (2) DONATED TO COUNTY CENTRAL COMMIT (2) DONATED TO LOCAL/STATE/NATL POLITICAL PARTY (3) DONATED TO CHARITABLE ORGANIZATION (specify) (4) CITY/COUNTY/SCHOOL/STATE OF IOWA GENERAL FUND (underline one calendar year for the purpose of supporting or spoosing any candidate for put a calendar year for the purpose of supporting or spoosing any candidate for put a calendar year for the purpose of supporting or spoosing any candidate for put a calendar year for the purpose of supporting or spoosing any candidate for put	District: Year Standing for Election: Date of Election: Candidate Name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor Mailing Address Mailing Address City
Comment or description: All Candidates Enter: Office Sought: Political Party (if applicable) County/Local Candidates and Local Ballot/Franchise Committe County: Bank Account Name Lentral Comm. Name of Financial Institution/Type of Account Audubon State Bank Checking Mailing Address 3/5 Brackway St. Policy 149 City State 1 Zip 1 Tip	District: Year Standing for Election: Date of Election: Candidate Name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor Mailing Address Mailing Address City
Comment or description: All Candidates Enter: Office Sought: Political Party (if applicable) County/Local Candidates and Local Ballot/Franchise Committe County: Bank Account Name Lentral Comm. Name of Financial Institution/Type of Account Audubon State Bank Checking Mailing Address 3/5 Brackway St. Policy 149 City State 1 Zip 1 Tip	District: Year Standing for Election: Date of Election: Candidate Name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor Mailing Address Mailing Address City State State Zip Home Phone () Day Phone () ON (Statement of intent required by law for all committees, except state parties and central committees.) TEE (6) PRORATED REFUND TO CONTRIBUTORS (underline one) (7) TRANSFER TO ANOTHER COMMITTEE OF THIS SAME CANDIDATE (CANDIDATES ONLY) (8) RETURN TO PARENT ENTITY GENERAL FUND (PACS ONLY) (9) OTHER (PACS ONLY), PLEASE BE SPECIFIC TE: OR POLITICAL COMMITTEES, BY CHAIRPERSON was contributions, makes expenditures, or incurs indebtedness in excess of five hundred dollaristic office or ballot issue. I am also aware that late-filed reports are subject to civil penalties inormally prepares and files reports, the candidate or chairperson (PACs) is responsible under e officers have been informed of their appointment and obligations.

FOR INSTRUCTIONS, SEE BACK OF FORM